



Housing Opportunities for Persons with AIDS (HOPWA) Program

Consolidated Annual Performance and Evaluation Report (CAPER**) Measuring Performance Outcomes**

Revised 10/31/2014

OMB Number 2506-0133 (Expiration Date: 10/31/2017)

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. The public reporting burden for the collection of information is estimated to average 42 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Overview. The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER, in conjunction with the Integrated Disbursement Information System (IDIS), fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives.

HOPWA formula grantees are required to submit a CAPER, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER and IDIS data to obtain essential information on grant activities, project sponsors, Subrecipient organizations, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

Table of Contents

PART 1: Grantee Executive Summary

1. Grantee Information
2. Project Sponsor Information
3. Administrative Subrecipient Information
4. Program Subrecipient Information
5. Grantee Narrative and Performance Assessment
 - a. Grantee and Community Overview
 - b. Annual Performance under the Action Plan
 - c. Barriers or Trends Overview
 - d. Assessment of Unmet Housing Needs

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging
2. Program Income and Resident Rent Payments

PART 3: Accomplishment Data: Planned Goals and Actual Outputs

PART 4: Summary of Performance Outcomes

1. Housing Stability: Permanent Housing and Related Facilities
2. Prevention of Homelessness: Short-Term Housing Payments
3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

PART 5: Worksheet - Determining Housing Stability Outcomes

PART 6: Annual Certification of Continued Use for HOPWA Facility-Based Stewardship Units (Only)

PART 7: Summary Overview of Grant Activities

- A. Information on Individuals, Beneficiaries and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, PHP, Facility Based Units, Master Leased Units ONLY)
- B. Facility-Based Housing Assistance

Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitations are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor/subrecipient records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial

Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

Final Assembly of Report. After the entire report is assembled, please number each page sequentially.

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWA@hud.gov. Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

Definitions

Adjustment for Duplication: Enables the calculation of unduplicated output totals by accounting for the total number of households or units that received more than one type of HOPWA assistance in a given service category such as HOPWA Subsidy Assistance or Supportive Services. For example, if a client household received both TBRA and STRMU during the operating year, report that household in the category of HOPWA Housing Subsidy Assistance in Part 3, Chart 1, Column [1b] in the following manner:

HOPWA Housing Subsidy Assistance		[1] Outputs: Number of Households
1.	Tenant-Based Rental Assistance	1
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies	
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year	
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year	
4.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	Adjustment for duplication (subtract)	1
6.	TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)	1

Administrative Costs: Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of total grant award, to be expended over the life of the grant. Project sponsor administrative costs are limited to 7% of the portion of the grant amount they receive.

Beneficiary(ies): All members of a household who received HOPWA assistance during the operating year including the one individual who qualified the household for HOPWA assistance as well as any other members of the household (with or without HIV) who benefitted from the assistance.

Central Contractor Registration (CCR): The primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Both current and potential federal government registrants (**grantees**) are required to register in CCR in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA (American Recovery and Reinvestment Act). Per ARRA and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all **grantees** and sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number.

Chronically Homeless Person: An individual or family who: (i) is homeless and lives or resides individual or family who: (i) Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility. (See 42 U.S.C. 11360(2)) This does not include doubled-up or overcrowding situations.

Disabling Condition: Evidencing a diagnosable substance use disorder, serious mental illness, developmental disability, chronic physical illness, or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Facility-Based Housing Assistance: All eligible HOPWA Housing expenditures for or associated with supporting facilities including community residences, SRO dwellings, short-term facilities, project-based rental units, master leased units, and other housing facilities approved by HUD.

Faith-Based Organization: Religious organizations of three types: (1) congregations; (2) national networks, which include national denominations, their social service arms (for example, Catholic Charities, Lutheran Social Services), and networks of related organizations (such as YMCA and YWCA); and (3) freestanding religious organizations, which are incorporated separately from congregations and national networks.

Grassroots Organization: An organization headquartered in the local community where it provides services; has a social services budget of \$300,000 or less annually, and six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered

“grassroots.”

HOPWA Eligible Individual: The one (1) low-income person with HIV/AIDS who qualifies a household for HOPWA assistance. This person may be considered “Head of Household.” When the CAPER asks for information on eligible individuals, report on this individual person only. Where there is more than one person with HIV/AIDS in the household, the additional PWH/A(s), would be considered a beneficiary(s).

HOPWA Housing Information Services: Services dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability.

HOPWA Housing Subsidy Assistance Total: The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

Household: A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability. Live-In Aides (see definition for Live-In Aide) and non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

Housing Stability: The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See *Part 5: Determining Housing Stability Outcomes* for definitions of stable and unstable housing situations.

In-kind Leveraged Resources: These involve additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the rate established in HUD notices, such as the rate of ten dollars per hour. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by grantees or sponsors in dedicating assistance to this client population. Leveraged funds or other assistance are used directly in or in support of HOPWA program delivery.

Live-In Aide: A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and well-being of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. See *the Code of Federal Regulations Title 24, Part 5.403 and the HOPWA Grantee Oversight Resource Guide* for additional reference.

Master Leasing: Applies to a nonprofit or public agency that leases units of housing (scattered-sites or entire buildings) from a landlord, and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to poor credit, evictions, or lack of sufficient income.

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing

function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

Outcome: The degree to which the HOPWA assisted household has been enabled to establish or maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.

Output: The number of units of housing or households that receive HOPWA assistance during the operating year.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including but not limited to reasonable costs for security deposits not to exceed two months of rent costs.

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

Project-Based Rental Assistance (PBRA): A rental subsidy program that is tied to specific facilities or units owned or controlled by a project sponsor or Subrecipient. Assistance is tied directly to the properties and is not portable or transferable.

Project Sponsor Organizations: Any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended. Funding flows to a project sponsor as follows:

HUD Funding → Grantee → Project Sponsor

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance: A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability. Grantees may provide assistance for up to 21 weeks in any 52 week period. The amount of assistance varies per client depending on funds available, tenant need and program guidelines.

Stewardship Units: Units developed with HOPWA, where HOPWA funds were used for acquisition, new construction and rehabilitation that no longer receive operating subsidies from HOPWA. Report information for the units is subject to the three-year use agreement if rehabilitation is non-substantial and to the ten-year use agreement if rehabilitation is substantial.

Subrecipient Organization: Any organization that receives funds from a project sponsor to provide eligible housing and other support services and/or administrative services as defined in 24 CFR 574.300. If a subrecipient organization provides housing and/or other supportive services directly to clients, the subrecipient organization must provide performance data on household served and funds expended. Funding flows to subrecipients as follows:

HUD Funding → Grantee → Project Sponsor → Subrecipient

Tenant-Based Rental Assistance (TBRA): TBRA is a rental subsidy program similar to the Housing Choice Voucher program that grantees can provide to help low-income households access affordable housing. The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules. The subsidy amount is determined in part based on household income and rental costs associated with the tenant's lease.

Transgender: Transgender is defined as a person who identifies with, or presents as, a gender that is different from his/her gender at birth.

Veteran: A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Housing Opportunities for Person with AIDS (HOPWA)

Consolidated Annual Performance and Evaluation Report (CAPER)

Measuring Performance Outputs and Outcomes

OMB Number 2506-0133 (Expiration Date: 10/31/2017)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. In Chart 4, indicate each subrecipient organization with a contract/agreement to provide HOPWA-funded services to client households. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Note: Please see the definition section for distinctions between project sponsor and subrecipient.

Note: If any information does not apply to your organization, please enter N/A. Do not leave any section blank.

1. Grantee Information

HUD Grant Number IAH13-F999		Operating Year for this report From (mm/dd/yy) 01/01/2014 To (mm/dd/yy) 12/31/2014		
Grantee Name Iowa Finance Authority				
Business Address		2015 Grand Avenue		
City, County, State, Zip		Des Moines	Polk	Iowa 50312
Employer Identification Number (EIN) or Tax Identification Number (TIN)		52-16998866		
DUN & Bradstreet Number (DUNs):		614823722	Central Contractor Registration (CCR): Is the grantee's CCR status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number:	
Congressional District of Grantee's Business Address		IA3		
*Congressional District of Primary Service Area(s)		IA1 IA2 IA3 IA4		
*City(ies) and County(ies) of Primary Service Area(s)		Cities: Statewide		Counties: Statewide (All 99 Iowa Counties)
Organization's Website Address www.iowafinanceauthority.gov		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.		

* Service delivery area information only needed for program activities being directly carried out by the grantee.

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).

Note: Please see the definitions for distinctions between project sponsor and subrecipient.

Note: If any information does not apply to your organization, please enter N/A.

Project Sponsor Agency Name Primary Health Care		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Greg Gross, MSW, HIV Program Director		
Email Address	greggross@phcinc.net		
Business Address	1200 University Avenue		
City, County, State, Zip,	Des Moines, Polk, Iowa, 50314		
Phone Number (with area code)	515-248-1585		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	421350092	Fax Number (with area code) 515-248-1522	
DUN & Bradstreet Number (DUNs):	843498812		
Congressional District of Project Sponsor's Business Address	IA3		
Congressional District(s) of Primary Service Area(s)	IA3		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Des Moines and surrounding cities/rural areas	Counties: Adair, Boone, Cerro Gordo, Clarke, Dallas, Decatur, Franklin, Greene, Guthrie, Hamilton, Hancock, Hardin, Humboldt, Jasper, Kossuth, Lucas, Madison, Marion, Marshall, Polk, Ringgold, Story, Union, Warren, Wayne, Webster, Winnebago, Worth Wright	
Total HOPWA contract amount for this Organization for the operating year	\$179,985.22		
Organization's Website Address	www.phcinc.net		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Cedar AIDS Support System		Parent Company Name, if applicable Cedar Valley Hospice	
Name and Title of Contact at Project Sponsor Agency	Elizabeth Wilson, CASS Case Manager		
Email Address	ewilson@cvhospice.org		
Business Address	2101 Kimball Ave. Ste. 401 PO Box 2880		
City, County, State, Zip,	Waterloo, Black Hawk, Iowa 50704		
Phone Number (with area code)	319-272-2437		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	42-1135294	Fax Number (with area code) 319-272-2071	
DUN & Bradstreet Number (DUNS):	180350860		
Congressional District of Project Sponsor's Business Address	IA1		
Congressional District(s) of Primary Service Area(s)	IA1		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Waterloo, Cedar Falls, Waverly, Independence, Decorah, and surrounding rural areas	Counties: Allamakee, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Fayette, Floyd, Grundy, Howard, Mitchell, Winneshek	
Total HOPWA contract amount for this Organization for the operating year	\$24,634.29		
Organization's Website Address	http://www.cvhospice.org		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Ruby Slippers		Parent Company Name, if applicable Primary Health Care	
Name and Title of Contact at Project Sponsor Agency	Darla Peterson, HIV Program Manager Anais Adame, HIV program		
Email Address	dpeterson@slandchc.com aadame@slandchc.com		
Business Address	1021 Nebraska Street		
City, County, State, Zip,	Sioux City, Woodbury, Iowa 51105		
Phone Number (with area code)	712-202-1021		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	411374894	Fax Number (with area code) 712-252-9792	
DUN & Bradstreet Number (DUNS):	7945500830		
Congressional District of Project Sponsor's Business Address	IA4		
Congressional District(s) of Primary Service Area(s)	IA4		
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Sioux City, Council Bluffs, and surrounding rural areas	Counties: Lyon, Osceola, Dickinson, Sioux, O'Brien, Clay, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Sac, Monona, Crawford, Carroll, Greene, Emmet, Palo Alto, Pocahontas, Calhoun Harrison, Shelby, Audubon, Pottawattamie, Cass, Mills, Montgomery, Adams, Fremont, Page, Taylor	
Total HOPWA contract amount for this Organization for the operating year	\$58,393.78		
Organization's Website Address	www.slandchc.com		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name The Project of the Quad Cities		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Leevon Harris, Support Services Thea Hansen, Support Services		
Email Address	leevon@tpqc.org thea@tpqc.org		
Business Address	2316 5 th Avenue		
City, County, State, Zip,	Moline, Rock Island, Illinois, 61265		
Phone Number (with area code)	515-248-1585		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	421358032	Fax Number (with area code) 515-248-1522	
DUN & Bradstreet Number (DUNS):	005435491		
Congressional District of Project Sponsor's Business Address	IA2		
Congressional District(s) of Primary Service Area(s)	IA1 IA2		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Davenport, Bettendorf, Clinton, Dubuque, Maquoketa, Muscatine, LeClaire, and surrounding rural areas	Counties: Clayton, Clinton, Dubuque, Jackson, Muscatine, Scott	
Total HOPWA contract amount for this Organization for the operating year	\$74,873.36		
Organization's Website Address	http://www.tpqc.org/		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name University of Iowa Hospitals & Clinics		Parent Company Name, if applicable University of Iowa	
Name and Title of Contact at Project Sponsor Agency	Dr. Jack Stapleton, Executive Director		
Email Address	jack-stapleton@uiowa.edu		
Business Address	200 Hawkins Dr. SW 54GH		
City, County, State, Zip,	Iowa City, Johnson, Iowa 52242		
Phone Number (with area code)	319-356-3168		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	42-6004813	Fax Number (with area code) 515-248-1522	
DUN & Bradstreet Number (DUNS):	062761671		
Congressional District of Project Sponsor's Business Address	IA 2		
Congressional District(s) of Primary Service Area(s)	IA1 IA2		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Iowa City, Burlington, Cedar Rapids, Fort Madison, Keokuk, Marion, Mount Pleasant, Washington, Ottumwa, North Liberty, and surrounding rural areas	Counties: Adair, Boone, Cerro Gordo, Clarke, Dallas, Decatur, Franklin, Greene, Guthrie, Hamilton, Hancock, Hardin, Humboldt, Jasper, Kossuth, Lucas, Madison, Marion, Marshall, Polk, Ringgold, Story, Union, Wapello, Warren, Wayne, Webster, Winnebago, Worth, Wright	
Total HOPWA contract amount for this Organization for the operating year	\$96,207.66		
Organization's Website Address	www.uihealthcare.org		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

3. Administrative Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists project sponsors to carry out their administrative services but no services directly to client households. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Note: Please see the definitions for distinctions between project sponsor and subrecipient.

Note: If any information does not apply to your organization, please enter N/A.

Subrecipient Name	N/A			Parent Company Name, if applicable
				N/A
Name and Title of Contact at Subrecipient				
Email Address				
Business Address				
City, State, Zip, County				
Phone Number (with area code)				Fax Number (include area code)
Employer Identification Number (EIN) or Tax Identification Number (TIN)				
DUN & Bradstreet Number (DUNs):				
North American Industry Classification System (NAICS) Code				
Congressional District of Subrecipient's Business Address				
Congressional District of Primary Service Area				
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities:			Counties:
Total HOPWA Subcontract Amount of this Organization for the operating year				

4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

Note: Please see the definition of a subrecipient for more information.

Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

Note: If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.

Sub-recipient Name	Nebraska AIDS Project		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	JJ Replogle			
Email Address	jjr@nap.org			
Business Address	250 S. 77 th ST. Ste. A			
City, County, State, Zip	Omaha	Douglas	NE	68114
Phone Number (include area code)	402-552-9260		Fax Number (include area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	470786622			
DUN & Bradstreet Number (DUNs)	180380412			
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of the Sub-recipient's Business Address	NE2			
Congressional District(s) of Primary Service Area	NE1 NE2 NE3			
City(ies) and County(ies) of Primary Service Area	Cities: Omaha-Council Bluffs Lincoln Kearney Norfolk Scottsbluff		Counties: Statewide in Nebraska; in Iowa: Adams, Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby, Taylor	
Total HOPWA Subcontract Amount of this Organization for the operating year	Maximum total to be reimbursed will be \$4,500, excluding travel, dependent on SCHC receiving funding from IFA. Rental assistance for NAP clients is paid by Siouxland Community Health Center. The total amount of short term rental assistance for both SCHC and NAP clients will be \$12,186.74 short-term rental and mortgage assistance (STRMU) and \$21,000 for Tenant Based Rental Assistance (TBRA).			

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. *Note: Text fields are expandable.*

Cedar AIDS Support System

Cedar AIDS Support System (CASS) received HOPWA funding for STRMU, TBRA, and Permanent Housing Placement Services. 13 households were assisted with STRMU, 2 with Permanent Housing Placement, and 3 with TBRA.

Now in its 26th year, the mission of the Cedar AIDS Support System (CASS) of Cedar Valley Hospice is to provide medical case management and care from diagnosis through bereavement for persons living with HIV and AIDS, their significant others, families and friends. While CASS will serve any HIV+ person living in Iowa, our primary service area includes clients living in 12 counties in Northeast Iowa: Allamakee, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Fayette, Floyd, Grundy, Howard, Mitchell and Winneshiek and HOPWA fund allocations have been limited to clients in those 12 counties. All clients verify that they have a HIV diagnosis and document that their primary residence is in Iowa. In 2014, we served 83 clients.

Our service area includes some unique factors that influence our service provision. Black Hawk County has the highest percentage of Black/African American residents in the state compared to other counties. In 2013, the U.S. Census Bureau reported that 8.9% of the county's population identifies as Black/African American compared to 3.3% of the Iowa population. We have also experienced an increase in foreign born clients which reflects the increase of foreign born populations throughout the state and within Black Hawk County. In the county the percent of foreign born (2009-2013) was 4.8% and 4.5% for the state. CASS had until the last few years, primarily served foreign-born clients from Africa. This began to change in 2010 when the Burmese population began to increase in Black Hawk County primarily due to employment opportunities at the Waterloo Tyson Fresh Meats plant. CASS now serves as many Burmese as African born clients. These numbers are expected to increase. CASS has developed a close working relationship with Angela Graham RN, a public health nurse for the Black Hawk County Health Department. Ms. Graham is responsible for TB testing and treatment of refugees in the area and through that role becomes aware of individuals who are HIV-positive and refers them for case management with CASS. Additionally, the largest county we serve has a higher percentage of individuals living below the poverty level as compared to the state average (12.4% 2009-2013 Census Bureau): Black Hawk – 17%.

In addition to HOPWA funding, CASS receives a Ryan White Part B grant to fund HIV/AIDS case management. The HOPWA program contacts for services in northern Iowa are Elizabeth Wilson and Karla Federspiel.

The following is broad overview of the principal housing activities provided by Cedar AIDS Support System:

- Short term housing
- Limited tenant based rental assistance (long term housing)
- Housing case management and information services to assist clients in securing and maintaining permanent housing
- Assistance with landlords and tenant lease agreements
- Assistance in applying for other benefits, particularly Section 8 housing
- Assistance in locating documentation necessary for housing applications
- Assistance with creating and completing housing goals

Primary Health Care

Primary Health Care, Inc. (PHC) is a non-profit, federally qualified community health center dedicated to serving the medically insured, uninsured and underinsured with their health care needs. We strive to find and successfully treat medical conditions before they become serious enough to require hospitalization or emergency treatment. The Project of Primary Health Care, Inc. (formerly the AIDS Project of Central Iowa) provides a broad continuum of services for those at risk for and living with HIV, including, HIV specialty care, primary care, and supportive services; AIDS Drug Assistance Program; HIV testing and prevention; benefits coordination; food pantry; transportation assistance; and linguistic services. The Project of PHC's mission is to reduce the number of HIV infections in the community, improve access to and retention in medical care, and enhance quality of life for people living with HIV/AIDS.

The primary area of service for The Project of PHC is Polk County and the surrounding rural communities. Counties include: Ringgold, Decatur, Wayne, Union, Clark, Lucas, Adair, Madison, Warren, Marion, Guthrie, Dallas, Polk, Jasper, Greene, Boone, Story, Marshall, Webster, Hamilton, Hardin, Humboldt, Wright, Franklin, Kossuth, Hancock, Cerro Gordo, Winnebago, and Worth.

PHC has experienced some turn over during the 2014 grant year. The primary contacts beginning in January, 2014 were Becky Johnson, HIV Program Director; Heidi Emanuel, Client Services Supervisor; and Andraya Stender, Housing Case Manager. For grant year 2015, the primary contacts are Greg Gross, HIV Program Director, Casey Smith-Ward, Supportive Services Supervisor and Scarlett Moffat, Housing Case Manager. The Project continues to require all HOPWA participants to apply for other assistance, leveraging community resources and providing referrals to other affordable housing opportunities.

The following is an overview of the principal housing activities provided by The Project of PHC:

- Long term tenant-based rental assistance
- Short-term rent, mortgage, and utility assistance
- Assistance with deposit and first month's rent
- Housing case management
- Housing Information services
- Assistance with landlords and tenant lease agreements
- Assistance in applying for other benefits, such as Section 8 housing when applicable.
- Assistance with creating and completing housing goals

PHC received supplemental funds from IFA in June, 2014, and, due to these extra funds, we were able to begin providing Permanent Housing Placement (PHP) to the clients in our service area. This funding enabled us to get eight households into stable housing by allowing us to pay for their first month's rent and deposit. We also utilized this funding for assisting clients pay application fees. PHC supported 51 households to remain in their current housing with the utilization of Short Term Rent, Mortgage and Utility (STRMU) Assistance. Finally, PHC added four households to our TBRA program throughout the grant year and assisted 19 households in maintaining stable housing.

Siouxland Community Health Center

Our organization is the Siouxland Community Health Center located in Sioux City, Iowa. We work along with the Nebraska Aids Project in Omaha, Nebraska in order to better assist those clients that live in Council Bluffs. We serve most of Northwest Iowa which include the following counties: Lyon, Osceola, Dickinson, Sioux, O'Brien, Clay, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Sac, Monona, Crawford, Carroll, Greene, Emmet, Palo Alto, Pocahontas, and Calhoun, Harrison, Shelby, Audubon, Pottawattamie, Cass, Mills, Montgomery, Adams, Fremont, Page, and Taylor. The program contacts are supervisor Darla Peterson: (712) 202-1027; dpeterson@slandchc.com, and case manager Anais Adame: (712) 202-102; aadame@slandchc.com.

Our organization provides a lot of different services to our HIV positive clients, including medical and utility assistance, but in regards to HOPWA funds, we offered TBRA long term housing, STRMU short term housing, and PHP services during the operating year. STRMU funds were used for any HIV positive individual that qualified for our program. In order to qualify they would have to have had a loss of income or medical expenses. We did not have funds set aside for PHP, however, over the operating year we did have a lot more homeless individuals than in the past. For certain homeless clients we did have to reallocate some of our HOPWA funds to PHP as we had not set aside any at the beginning of the operating year. Based on their circumstances we decided whether or not PHP should be given.

Our biggest achievement was how many people we were able to keep housed due to our TBRA funds. We chose a few clients which we believed needed long term housing the most, and calculated how much they would be responsible for in regards to their rent and how much we would be able to assist them with. Because of this, many of our clients became a little more responsible and self-sufficient. One client in particular was able to access and maintain a job while on TBRA. This client has had a hard time keeping jobs and is most of the time jobless and would ask frequently for assistance, which included STRMU. While on STRMU, we would pay for his entire rent 5 times out of the year, he would struggle the months he wasn't able to receive it, and ask for it again once his year started. On TBRA, he was able to pay his part of his rent without feeling stressed about how he will pay next month's rent, causing him to feel more self-sufficient and not only finding a better job but also being able to keep it. Now he hardly ever asks for assistance paying his rent and has even been able to save up money in case he could no longer receive TBRA.

Our overall goal is to get some of our long term STRMU users to become a little more independent and with TBRA we were able to accomplish that with a few clients. Through an additional allocation of funds mid-year, SCHC began providing TBRA about halfway through the operating year. In order to receive those funds and/or receive them in the next operating year, we had to spend the amount allocated for TBRA. Fortunately we were able to do this fairly easily. We calculated beforehand how much we would need and if we needed more during the year, we had the option to reallocate funds for that purpose. Looking back, even though we were not able to spend all of our STRMU funds, we were still able to help a lot of

people who would have become homeless, had more medical expenses than they had expected, became jobless, or lost a family member and that family member's income in their household. Some of these clients have received STRMU before, but we also helped a lot of new clients who would have been lost without our help.

The Project of the Quad Cities

In program year 2014, The Project of the Quad Cities ("TPQC") administered the HOPWA program for residents in Scott, Muscatine, Clinton, Clayton, Dubuque, & Jackson counties of eastern Iowa. TPQC served a total of 21 unduplicated HIV positive clients with the funds that were available for our program. The majority of those clients is on the TBRA (long term rent assistance program) and includes households with dependents. With the addition of those household members, our HOPWA program assisted a total of 26 unique individuals with establishing and/or maintaining safe, habitable housing. Currently, there are 3 additional individuals waiting for assistance with either TBRA or STRMU as well as many individuals who rely on housing information services to find a safe, habitable place to live. Our waiting list is needs based; clients must maintain monthly contact with their Ryan White case manager and must report all changes to their situation immediately to remain on the waiting list. While on our waiting list, they must also sign up for Section 8 Housing assistance in their respective city. Our goal for program year 2014 was to reach out to more of the underserved population in our area and to open very strong lines of communication with more of the referral agencies in our service area. We also began looking for additional ways to help our TBRA clients who have accessed the program long-term to achieve Section 8 or other leveraged housing opportunities.

The Project of the Quad Cities strives to prevent homelessness in our client base and allow those participants to live in safe affordable housing. We also help stabilize their living situation and increase self-sufficiency by providing services such as:

1. Ryan White Case management
2. Support Groups
3. Weekly Food Pantry
4. Treatment Adherence counseling
5. Mental Health & Substance Abuse Counseling
6. Assistance with Medicaid/Medicare and SSI/SSDI applications and process
7. Transportation
8. Prevention Supplies and Education
9. Testing for HIV and other sexually transmitted infections.

These services are ongoing to all our clients and community members including those in the HOPWA program based on level of need.

University of Iowa

In 2014, the University of Iowa continued to serve 22 eastern Iowa counties. This is the second year that the University of Iowa served as the HOPWA Program Sponsor for this area. The HOPWA program coordinator for the University of Iowa this reporting period was Jennifer Keeler, Social Worker. Dr. Jack Stapleton served as the Executive Director for the HOPWA program during this reporting period. The University of Iowa HIV clinic has been providing medical services to HIV + individuals since 1988. In 1998, we received funding to provide Ryan White Services through Part C and B. Since the clinic began in 1988, the University of Iowa has cared for more than 1,900 patients. In 2014, our team provided medical care to approximately 600 individuals. Our Ryan White program has 3 full-time case managers that provide medical case management services to approximately 110 individuals through Ryan White Part B. This team also provides case management and support to the approximately 600 clinic patients. In 2014, our case management team and field liaisons worked diligently to secure medical insurance coverage for all patients that received care in our clinic. Approximately, 96% of patients seen in our clinic have secured medical insurance coverage for the 2014 period. Through our Ryan White grants, we are able to provide the following services: case management, emergency financial assistance, medication access, access to medical services, access to mental health services, access to substance abuse services, and assistance with the transportation costs of attending a medical appointment. In 2014, we were able to add "Prevention with Positives Program-CLEAR" to our services through Ryan White Part B. We also able to continue to evolve our medication adherence work by utilizing a part-time pharmacist who specializes in HIV care. Our case management team also provides referrals to community resources such as food stamp assistance, LIHEAP, Section 8 housing, health care benefits teams for medical coverage or SSI/SSDI benefits, and General Assistance. The University of Iowa provided Short-Term Rent, Mortgage, and Utility Assistance (STRMU), Tenant- Based Rental Assistance (TBRA), and Permanent Housing Placement (PHP) services through HOPWA during 2014. In 2014, the University of Iowa provided STRMU assistance to 34 households, TBRA assistance was provided to 5 households, and PHP services were provided to 4 households.

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

1. Outputs Reported. Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your program year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

CASS

CASS set a goal of serving 15 clients with STRMU assistance, 1 with TBRA assistance, and 3 with Permanent Housing Placement services in 2014. We served 13 clients with STRMU, 2 clients with TBRA, and 2 with Permanent Housing in 2014. HIV/AIDS clients and their families were provided housing information services regarding qualifications for HOPWA and Section 8. All clients were case managed through in-take interviews, needs assessments, assistance with rental agreements, and housing plans. Payments were made from Cedar AIDS Support System directly to landlords on behalf of clients. We served 15 clients in Black Hawk County and 1 in Winneshiek County.

PHC

In 2014 Primary Health Care Inc. (PHC) has consistently met targets for the number of housing units receiving TBRA. At any time throughout the year, TBRA supports between 20-25 households on the program and maintains a needs-based waiting list of approximately 10-15 households. Our Ryan White case managers assess all clients housing situations and make referrals to the housing case manager when needs are identified. The housing case manager determines client's eligibility and verifies that he/she is living in qualified housing. When funding becomes available for a household to receive TBRA, the housing case manager, the referring case manager, the nurse care manager, and the Supportive Services Manager participate in a case staffing to verify client's continued eligibility and identify clients with the highest need. Need is evaluated based on current housing situation, health status, and barriers to healthcare and housing. Priority is given to those whose housing instability is a barrier to accessing and maintaining routine medical care. Once the most appropriate candidate is identified, the housing case manager begins the HOPWA TBRA application process and transitions into the role of case manager for this client.

PHC continued distributing STRMU funds in 2014 and added PHP funding in June, 2014. STRMU provided rent and/or utility assistance to 23 households throughout the year, while the new PHP program assisted 7 families in securing housing. Assistance requests for these programs are processed by the client's Ryan White case manager, who assesses the client's housing needs and submits required paperwork to the Supportive Services Manager for approval.

The vast majority of HIV cases in central Iowa are in the Des Moines metro area; therefore most of the households served are also in the Des Moines metro area. The past year has built on some of the work conducted previously. In 2013, PHC reached out to other HIV providers in central and northern Iowa to provide information on appropriate referrals to the TBRA waiting list and for STRMU funds, as well as to educate the Ryan White HIV case managers on available housing services and additional agencies that provide housing assistance and services in specific counties. In 2014, we continued to reap of the benefits of this work through active referrals received from Mid-Iowa Community Action (MICA) and North Iowa Community Action Organization (NICAIO).

SCHC

We do not have housing units specifically for our HOPWA clients. Most of the time our clients are already housed and struggling to pay their rent or they are homeless. In cases where individuals are homeless, we will assist them with PHP funds if need be. One of the biggest challenges we had during this operating year were our homeless individuals. These were people that became homeless due to family issues, job loss, mental health, relocation, etc. It was extremely hard to find them a shelter they could stay in while they found a place due to the fact that the only shelter here is Christian based and does not welcome homosexual men to reside in their shelter. Many of our homeless clients in the last year were homosexuals and refused to stay at such shelter. During the winter we do have a warming shelter that does not discriminate and accepts everyone, however during the summer, this shelter is closed.

One of our homeless homosexual males in particular lost his job because of his homelessness, which made it even harder for him to find a place as he had lost income. In the past, we had never put aside PHP funds as our homeless population was never very high, and if we needed PHP funds, we would reallocate funds from STRMU, but this year we had more homeless individuals than in the past. This upcoming operating year we have allocated funds to PHP in case we have as many or more homeless clients that will need the assistance. Our biggest accomplishment was being able to keep people housed and helping them become more self-sufficient with our TBRA funds as mentioned previously. Because of our success with our TBRA program, we will continue our long term housing assistance.

As for our funds, we allocate the most money to our STRMU program as many people would not need long term assistance due to the fact that because of their situation they will require HOPWA only once or twice a year, if not, we reevaluate their situation and go from there. TBRA will get the next highest amount followed by PHP. Because almost all of our clients (in the Sioux City area as well as in other counties in Northwest Iowa) receive their HIV care in our organization, they are already case managed by us, except those living in Council Bluffs. When those individuals require housing assistance they go through the NAP case managers who then send in the clients HOPWA application to us. We keep constant communication with NAP and the case managers are always updated on the remaining balances for each of our programs.

TPOC

For program year 2014, our HOPWA program served clients in Scott, Clinton and Dubuque Counties. Approximately 85% of all clients served were in Scott County. Our program served 9 clients in the TBRA or Tenant-based Long Term Rent Assistance Program; 13 clients in the STRMU or Short Term Rent, Mortgage, Utility Assistance Program; 3 clients in the PHP or Permanent Housing Placement Program and 9 clients in the Supportive Services for transportation (26 clients including dependent received Case Management services).

U of I

The University of Iowa provided HOPWA services to 41 unduplicated households during 2014. Five households received TBRA services, all of which were active in 2013 as well. Our goal for TBRA services was to maintain the TBRA services provided to the 5 existing TBRA households. Of the 5 households receiving TBRA services, 1 household resided in Des Moines County and 4 households resided in Linn County. One client voluntarily exited the TBRA program in the last quarter of the year. Our STRMU goal for 2014 was to ensure we had funds available for individuals for all quarters of the calendar year yet ensure that clients receiving STRMU assistance, received the support necessary to reach their goals of being stably housed without the need of further housing assistance. We were able to provide STRMU support to 34 households. These recipients lived in 10 out of 22 counties in this service area. 23 households served through STRMU had not received HOPWA services during the prior year. The University of Iowa placed a small portion of money into Permanent Housing Placement services to assist individuals who may not have been housed in safe environments or were literally homeless. Our goal was to provide services to 3 households utilizing this money. In 2014, we were able to provide Permanent Housing Assistance to 4 households.

2. Outcomes Assessed. Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

CASS

CASS continued to strive to meet the housing needs of clients in the service area. Sixteen households received HOPWA assistance. This includes 30 individuals, including 1 family of 6. We served 3 clients with TBRA. Our clients have continually found it challenging to find housing that will pass an thorough home inspection, while their homes are adequate and safe, their landlords regularly do not respond to the need for routine repairs such as broken windows. The program continually assesses the need and determines the allocations based on the need. All households with HOPWA assistance were able to maintain housing and avoid evictions which directly enhanced their ability to receive HIV/AIDS care. Of the households assisted, all remained in and participated in HIV/AIDS related medical care.

Short and long term goals are established in client housing plans to provide stability and positive outcomes. Assistance with budgeting and managing household finances is commonly incorporated into case management activities.

CASS continues to support HOPWA clients and families with ancillary services that complement housing services. CASS works with HIV/AIDS clients in securing primary medical and dental care, mental health, and pharmacy services through Ryan White grant funding. Transportation for such appointments is provided as necessary. Referrals to Section 8 housing, Department of Human Services, food banks, and specialty medical providers were provided by case managers.

100% of all the HIV positive clients receiving rental/mortgage payment assistance had housing plans, and case managers. Income remained stable for 100% of clients. This percentage is a measurement of housing stability outcomes with HOPWA clients, and therefore reduces the risk of homelessness. 100% of HOPWA funded clients had a health care provider and had at least one visit with their HIV/AIDS provider. This indicates a continually high level of access to care for HOPWA clients.

PHC

Housing assistance through HOPWA is vital to increasing self-sufficiency and quality of life. PHC strives to prevent homelessness and assist participants to live in safe and affordable housing, stabilize their living situation, increase self-sufficiency, and gain access to health care and supportive services. Once a client's immediate housing needs are addressed, supportive services are provided. These services are provided on an on-going basis with the level of case management varying, depending on a client's needs. All HOPWA clients complete an annual biopsychosocial assessment with their case manager and develop a service plan addressing barriers identified from the assessment. HOPWA participants are re-evaluated every six months for HOPWA and other public housing program eligibility. There is a multitude of services available onsite at our new location and when additional services are needed, PHC has a robust referral system.

The housing case manager creates care plans with each HOPWA participant. One goal focuses specifically on housing and another focuses on what the client wants to achieve. The case manager assists clients in identifying barriers that keep them from where they want to be with their life goals and together they set specific, measurable and attainable action steps toward those goals.

The positive impact of a client and case manager collaborating to create and implement an effective care plan can easily be seen in the success story of CS, a single woman on SSDI whose meth use was a barrier to her medical care and housing stability. CS returned to Primary Health Care (PHC) after being off her HIV medications and out of medical care for over a year. At the time of re-engagement, CS desired to stop using meth but her living arrangements made that difficult. CS was connected with the housing case manager who assisted in determining her eligibility for housing assistance. CS and the housing case manager created a care plan that focused on finding independent housing away from CS's current neighborhood, maintaining sobriety, and remaining in medical care. With HOPWA funds, PHC was able to provide CS with first month's rent, deposit, and an on-going monthly subsidy. Since moving into her new apartment CS has refrained from any meth use, has attended regular medical appointments with her HIV provider, and is currently following up on a referral to a mental health provider to address the issues surrounding her past substance use.

SCHC

When we assist a client with rent, we make sure that their home is livable. For TBRA we make housing inspections and make sure the home is safe, decent, and sanitary before we pay their rent. We make sure that all of the homes we assist are lead free; have a fire alarm, and adequate space for the family. Living in an unsafe and unsanitary home makes it hard for people to want to access care. Most of the time, they worry about how they can afford a better place or how they would be able to afford to make their home livable. Their health and well-being is the last from their mind.

Our goal is to always make sure our clients living conditions will improve their health instead of hurt it. During the operating year we came upon one situation that involved an unsanitary home for one of our clients on TBRA. During the inspection, the house seemed fine, but about a month or two later, the client called to inform us about a roach situation in her apartment. She had no idea where they had come from and the landlord was unwilling to do anything about the situation and blamed the tenant. The tenant herself has never had a roach problem in the past and was very clean. These roaches were eating her food and causing other issues for the tenant. We later found out that the landlord had not had the apartment building fumigated. After confronting the landlord, we were able to work together after informing her that we could not pay for the tenant's rent until her home was cleared of roaches. The landlord got the apartment building fumigated and we later found out that our tenant was not the only one with this issue. She has not had any issues since.

TPOC

For Program year 2014, communication across all available resources was key to serving our clients' diverse needs. From Ryan White Case Managers to mental health providers to landlords to physicians to lawyers, establishing and maintaining an ongoing, open line of communication has been crucial to providing for our clients overall well-being. Most notably, cooperation between landlords and the case manager this year was both very successful. We are fortunate to have a handful of landlords that are cooperative and willing to work with us and some of our more difficult to house clients. We very were successful in utilizing STRMU and PHP for more clients this year than in previous and lowered client levels in the TBRA program due to changes in client geographical areas. As in past years the waiting list for Section 8 is extensive with very little chance of most TBRA clients achieving this transition anytime soon. Having the open line of communication between many, if not all, of the providers for each unique client has been the most successful approach to ensure stable housing and improved access to services. Through this cooperation and teamwork, all of our clients have become more medically adherent and more compliant with mental health treatment (*as needed for specific clients).

U of I

The University of Iowa provided HOPWA services to 41 unduplicated households. All of these households were able to maintain their housing situation and not face eviction. 38 of these households successfully maintained or obtained income sources. Of these 41 unduplicated households, 34 households received STRMU assistance. Our program coordinator worked closely with these households to maintain their housing plans/goals in order to become self-sufficient. Our program coordinator also worked closely with several households to assist them with gaining the understanding that STRMU assistance is not a guarantee of 5 months of rental/mortgage assistance but rather STRMU has a maximum benefit of 5 months of assistance. Individual housing plans were made based on each household's circumstances and monthly contact was made regarding progress and to determine if assistance needed to be continued or if the client's situation had been stabilized during that time.

3. Coordination. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

CASS

CASS applied for multiple grants in 2014 and was awarded \$7,500 from Broadway Cares to use for medication assistance, utility/housing assistance, and transportation. CASS staff attended area housing meetings such as the Black Hawk Local Homeless Coordinating Board to stay connected to others in the area offering housing services and learn of new developments or referral agencies.

PHC

As previously mentioned, the HIV program at PHC is now co-located with the PHC Homeless Advocacy Program. PHC's advocacy program has a reputation in the community for being the go to place for homeless and near homeless services. The Advocacy program, funded by various grants, employs multiple case managers, who work collaboratively with the homeless population to increase housing stability. Weekly outreach is provided to area homeless shelters, family shelters and the Polk County Jail. Case managers within the Advocacy Department work to house clients as well as increase their housing stability by referring them to appropriate community resources, help find income streams and enhance daily living skills once housed. The HOPWA program and case manager now have the support of these housing experts on site. Together our programs are able to identify and support those living with HIV who may have dropped out of care or have inconsistent care due to significant barriers.

The Project of PHC also maintains several fundraising events throughout the year and a portion of these funds assist with housing placement services and transition services such as deposit and first month's rent or other costs not allowable with HOPWA funds. We also encourage clients to apply for LIHEAP funds and offer an additional subsidy to clients who apply. The housing case manager maintains a list of housing resources and subsidies and directs both HOPWA participants and nonparticipants to available community resources to help stabilize their housing situation and increase affordable housing options. All STRMU participants are required to apply for assistance through two other community agencies (Department of Human Services required as one) before applying for STRMU funds. PHC requires all HOPWA waitlist and active participants to apply for Section 8 (when open) and also works with ANAWIM and Shelter Plus to identify additional housing opportunities as appropriate.

SCHC

Our organization coordinates with other housing agencies in the community including: Community Action Agency, Housing Authority, Salvation Army, Noah's Hope, Women's shelter, Center for Siouxland, and the VA. Every other month there is a housing meeting at the Salvation Army which one of our case managers attends. We have sent several clients to these agencies in the past but there always seems to be a waiting list for almost all of the agencies, or they don't qualify (for example they can't get assistance in the VA if they are not veterans). Many of our HOPWA clients are single individuals or are a family without children and because families take priority in most of these agencies, they will almost never receive housing from them. Many are also over income in order to qualify for other programs, or don't meet the requirements. These other agencies usually assist with other things like utility bills, food, tax preparation, or clothing. However, the Center for Siouxland and the Housing Agency has provided housing assistance with many of our clients during this last operating year than in the past. We will continue to work with these agencies and keep referring our clients there for housing and other assistance. They may not all qualify but a few will.

TPQC

As always, HUD's Section 8 Program is our primary resource for leveraging for housing. All of the clients currently on the Long Term ("TBRA") rent assistance program are signed up for their local Section 8 Waiting List. Many of the clients who received either Short Term ("STRMU") have received or were receiving other housing subsidy assistance, whether it is Section 8, and

local low-income housing vouchers. These programs, however, are becoming exhausted. The federal Ryan White Program assists the HOPWA clients with a number of different needs that cannot be met with HOPWA dollars. Our agency has a large fundraiser every year that goes towards Client Assistance which they can use for utility bills, medical/prescription bills or transportation costs. We have a small fund that also assists with living expenses for clients without enough income to be able to afford cleaning products or clothes for work searches. Our CDBG grant is direct funding a portion of the salary for one of the Iowa Ryan White Case Managers to assist with the Prevention with Positives Program...essentially training, counseling and monitoring our HIV positive individuals in total prevention of transmission of HIV/AIDS. All HOPWA clients benefit from these small programs as well as our weekly food pantry and on-site support groups.

U of I

We continue to work closely with the other AIDS Service Organization in our service area, Linn County Community Services to ensure that clients that are dually case managed by HOPWA and their program have access and information regarding local resources. We continue to monitor the Section 8 waiting list. It is currently closed in the majority of the counties in our service area. We encourage all current HOPWA clients as well as prospective HOPWA clients to apply for and seek out all available resources to them including but not limited to: food stamps, General Assistance, financial assistance from local churches, Social Security Disability or SSI if applicable, LIHEAP, free cell phones, and services through food banks.

In 2014, several University of Iowa student groups participated in a variety of fundraisers with the proceeds benefiting the University of Iowa HIV Program. These monies have been placed in the University of Iowa HIV Patient Fund to allow us to assist clients with gas money, special transportation to UIHC, utility assistance to avoid disconnections, and lodging costs for patients that may need to stay in Iowa City to see another specialist the following day. The University of Iowa did not participate in the acquisition, rehabilitation, or new construction of any new housing units. In 2014, the University of Iowa did provide assistance and information to Primary Health Care, Inc. in Des Moines as they transitioned to a new housing coordinator.

4. Technical Assistance. Describe any program technical assistance needs and how they would benefit program beneficiaries.

One sponsor noted that additional training on general program rules and requirements would be helpful; this is a sponsor that has had significant staff turnover within the past two years, and currently has very new HOPWA program staff in place. The Iowa Finance Authority provided a special in-person training day for this sponsor to start off the 2015 program year. This sponsor also suggested that an annual training day for all sponsors would be beneficial.

Currently, training and technical assistance is provided to sponsors by the Iowa Finance Authority through in-person training days for sponsors when they have new staff members join; these days are often opened up for other sponsors to join in for refresher training. Throughout the year, quarterly conference calls are held for all sponsors, where the Iowa Finance Authority provides guidance on selected topics, and sponsors share with each other their own tips and advice regarding program challenges.

Sponsors have also identified the need for additional training on the updated ServicePoint HMIS site, once the new CAPER is finalized and programmed into the system. We anticipate this being completed in late spring or early summer of 2015. Sponsors are also awaiting a response from HUD for an HMIS question sent to the help desk by our HMIS lead agency regarding the definition of “public health services.”

When we have particular questions or needs for technical assistance, we send them to the HUD help desk online, and receive timely and helpful responses. For more extensive training, it would be helpful to have HUD staff or HUD TA staff available for general in-person training—a benefit that was available up until a couple of years ago but that does not seem to be supported currently by HUD.

c. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program’s ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA program, how they affected your program’s ability to achieve the objectives and outcomes discussed, and, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

CASS: CASS covers a 12 county area. Many clients live one, two or more hours from case managers at CASS. CASS has addressed this barrier by having case managers have telephone conversations with the individuals to explain the program and explain the necessary documentation, as well as having the case manager meet in the client's home.

PHC: Rent Determination and FMR: Finding affordable housing that is HOPWA eligible can be a challenge for a client. It is a challenge to find housing when there is limited availability of options in within the current FMR. Increasing the fair market rent values would assist with more diverse housing options. In addition, when clients' rent increases, they are often no longer HOPWA eligible. Moving to remain HOPWA eligible is disruptive and expensive.

The FMR continues to be a challenge in certain situations. Additionally, there is no formal HUD guideline that requires clients to maintain an income once they are on TBRA, which we have so far tried to address with the care plan. One client not having any income while on TBRA and us having to adjust the budget to pay the entirety of their rent significantly decreases available funds to help other clients. Moreover, this causes people to have to stay on the waiting list longer and works against a long-term goal of self-sufficiency.

Multiple diagnoses: Oftentimes people living with HIV have co-morbidities including but not limited to mental illness and substance abuse. This complexity of diagnoses makes stability a challenge.

SCHC: In our service area, we have a lot of undocumented individuals. These individuals are unable to receive assistance elsewhere because of their status. We were recently informed that the Iowa Finance Authority cannot reimburse for assistance provided to individuals that are known to be undocumented, and where the records submitted for reimbursement contain this information. This is a barrier for them because rental assistance now becomes just another thing they cannot access. Through our organization's Part B funds we are able to assist them with utilities and medical bills, but if that weren't possible to a certain client and that client lost income and is struggling to pay rent, he/she may end up homeless. If they end up homeless they will fall out of care. We understand it is a regulation, but not being able to help that population of HIV positive people may cause barriers to their healthcare and well-being. Program eligibility is also barrier. Undocumented people are ineligible, but so is someone else who is struggling with their rent who has not had a loss of income or a medical expense. Another barrier we have experienced is a client's criminal background. Many places in our service area require background checks and it is extremely hard to get them housed or even a job. When they don't have a home or a job, the last thing they are worried about is their healthcare. Another issue is our rural areas that we provide services to. When someone is homeless in a small town and there isn't much housing availability, it creates a barrier to their health, especially if they do not want to relocate because of their job. When we encounter these barrier we attempt to help the client elsewhere like with utilities, medical bills, or food, so they can use the money that they were going to use on those things for their rent.

TPOC: As always, lack of adequate funding remains the biggest obstacle for our agency's HOPWA program. While we feel fortunate to have funding at all in the current economy, we found this year that we turned away more people than in the past. HUD regulations (especially in rent determination and Fair market rent) are making the program more difficult to administer than ever before. While the area FMR's and Utility allowances are decreasing, actual rent charged by landlords has not decreased. With that, many of the dwellings that fall into HUD's FMR chart are in the worst parts of town and the housing is barely habitable. To place clients who may have prior substance abuse or criminal histories into areas like this leads to failure of the program. Income has not increased among our clients except for a rare few who were fortunate enough to find training and jobs that pay more appropriately for the rising cost of living.

U of I: The University of Iowa's service area covers a 22 county span. The majority of this service area is rural and many clients have difficulty finding the resources to get to The University of Iowa to complete the necessary paperwork. Of the 41 households served in 2014, 35 of them were at 50% or less of the Area Median Income. To resolve this concern, the Program Coordinator is able to either conduct phone interview to complete the application and mail the documents requiring signatures or to have the Program Coordinator go to the home of the potential HOPWA client. Housing affordability in our more urban areas such as Iowa City and Cedar Rapids has been a continued struggle for many households. Section 8 waiting lists in Linn and Johnson counties were closed for the entire 2014 year.

<input checked="" type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input type="checkbox"/> Housing Availability	<input checked="" type="checkbox"/> Rent Determination and Fair Market Rents
<input type="checkbox"/> Discrimination/Confidentiality	<input checked="" type="checkbox"/> Multiple Diagnoses	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Technical Assistance or Training
<input type="checkbox"/> Supportive Services	<input checked="" type="checkbox"/> Credit History	<input checked="" type="checkbox"/> Rental History	<input checked="" type="checkbox"/> Criminal Justice History
<input type="checkbox"/> Housing Affordability	<input checked="" type="checkbox"/> Geography/Rural Access	<input checked="" type="checkbox"/> Other, please explain further: (undocumented clients)	

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

CASS: There continue to be extensive waiting lists for Section 8 housing. This is an issue throughout the project area, but especially in Waterloo and Cedar Falls where the waiting list is 4 years or more.

Many HIV/AIDS patients presenting for medical treatment also require on-going substance abuse treatment and mental health treatment. Staff continues to monitor for Medicaid and Iowa Health and Wellness eligibility, but both mental health and substance abuse issues often cause clients to be less responsive the requirements of these programs.

There are an increasing number of foreign born HIV+ individuals living in the project area. Many of these individuals do not speak any English and are very concerned with confidentiality, often not letting their HIV status be known to anyone. CASS has the use of a language line which has proved helpful in dealing with the language barrier.

PHC: The changes in the healthcare landscape surrounding the implementation of the Affordable Care Act have significant implications for the HIV+ population. Over 50% of our clients have been uninsured or underinsured and with the pre-existing condition of HIV, their options were quite limited and/or expensive. Now patients are able to access health coverage, but this is a new world for many of them and patient advocates and navigators are critical and helping the most vulnerable access the services they need. There is a trend of integration and consolidation of services for this population. As previously mentioned, a one-stop shop approach has been successful in engaging our patients in medical and supportive services as evidenced by the following example:

In the summer of 2014, a young man was referred to Primary HealthCare (PHC) for HIV medical care after being diagnosed at the Polk County Health Department. When the gentleman first came to the PHC clinic, he met with a nurse care manager for an initial medical intake and to have his labs drawn. That same day, he was connected with a case manager, who assisted him in obtaining ADAP assistance so he could begin taking his HIV medication while he waited on enrollment in the Iowa Health and Wellness Plan. The case manager also completed a psychosocial assessment with the client to identify barriers to medical care and provide referrals to appropriate supportive services. The client reported being employed part time and earning minimum wage, but due to his limited resources, he was currently living in a motel and his four children were bouncing between the homes of family and friends. With the use of PHP and STRMU funds, PHC was able to assist the client in securing housing for himself and his children. The client was also able to access the food pantry, the clothing closet, and transportation assistance for medical appointments and job interviews at PHC's "one stop shop". The client has gone on to obtain full time employment and is no longer in need of housing assistance.

SCHC: As mentioned before we have had more homeless people this year than last. When someone is homeless the last thing on their mind is their health or medical care. We want them housed in order for them to get into care. With the new warming shelter, if a client of ours where to become homeless, they would still have a warm place to sleep. This wouldn't be an ideal place for them but they wouldn't be out on the street while we helped them find a place to stay and keeping them in care. Also, this operating year a lot of Iowans obtained insurance. Many of our homeless, jobless, or low income clients were able to receive Iowa Health and Wellness. We have noticed that because of this they have been staying in care and taking their medication.

TPOC: Along with lower incomes and higher rents, we find, especially in the Scott county area, a decrease in the amount of affordable and low-income housing. The waiting list for Section 8 in Scott County is close to 8 years now. The HOPWA program is not going to be able to sustain a high number of clients for 8 years without an increase in funding. While there seems to be an influx of "senior living" apartments in the Scott County area, very few will accept anyone under the age of 62 without a crippling disability (i.e. they have to be in a wheelchair or very limited mobility and have to qualify for handicapped accessible features). It is extremely difficult to move someone on SSDI off of HOPWA unless they move out of the area or move in with relatives who will not charge them rent; neither of those scenarios happens. As mentioned

above, we are fortunate to work with a couple of landlords that are willing to give someone with a criminal background a second chance. Understandably this is a difficult position. In Dubuque and Clinton, the situation is similar if not identical. Either more funding needs to be put into HIV/AIDS specific housing or more money needs to funnel into these cities to build and maintain low-income/income based housing.

U of I: Persons living with HIV/AIDS continue to face social stigma every day. The small town atmosphere of Iowa makes it difficult for patients to feel comfortable and confident in receiving their medical care close to home. Therefore, many persons living with HIV/AIDS travel to more urban areas to receive comprehensive medical care. This results in increase medical transportation expenses for those living with HIV/AIDS. Iowa continues to struggle with providing transportation options for people living in rural areas so that they may access comprehensive medical care. While health care reform has provided more people access to health insurance coverage, the costs of these plans continue to be high and unaffordable for many patients we provide services to. Thankfully, Ryan White has provided premium assistance to many of these patients. However, the high deductibles remain a burden for many patients. Iowa’s version of expanded Medicaid, Iowa Health and Wellness, provided continued access to patients in the lowest poverty level. However, the time restraints around the recertification process continue to be a barrier to accessing care. DHS provides patients a 10 day window to respond to recertification requests. However, the 10 days referenced includes mailing time and often reaches patients just a couple days before the recertification is due back to the DHS office. This often results in a loss of coverage and reapplications are taking up to 45 days to process. Access to safe and affordable housing options in the more urban settings like Cedar Rapids and Iowa City continues to be a concern for clients. This is especially concerning given the drastic drop in fair market rent amounts for Linn County during the 2014 year.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

This annual HOPWA CAPER report plus the annual HUD assessments of program utilization are made available to sponsors and to the public through posting on the Iowa Finance Authority web page. Additionally, the larger HUD CAPER that includes CDBG, HOME, ESG, and HOPWA, is also made available for public comment and review. There are not currently any additional independent studies of the HOPWA program in Iowa.

d. Unmet Housing Needs: An Assessment of Unmet Housing Needs

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require HOPWA housing subsidy assistance but are not currently served by any HOPWA-funded housing subsidy assistance in this service area.

In Row 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Chart 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool.

Note: Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.

If data is collected on the type of housing that is needed in Rows a. through c., enter the number of HOPWA-eligible households by type of housing subsidy assistance needed. For an approximate breakdown of overall unmet need by type of housing subsidy assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds. Do not include clients who are already receiving HOPWA-funded housing subsidy assistance.

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states’ or municipalities’ Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area.

Note: In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.

1. Planning Estimate of Area’s Unmet Needs for HOPWA-Eligible Households

1. Total number of households that have unmet housing subsidy assistance need.	25
--	----

2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	
a. Tenant-Based Rental Assistance (TBRA)	24
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	23
<ul style="list-style-type: none"> Assistance with rental costs Assistance with mortgage payments Assistance with utility costs. 	19
	1
	3
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	0

2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

<input checked="" type="checkbox"/> = Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives
= Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
<input checked="" type="checkbox"/> = Data from client information provided in Homeless Management Information Systems (HMIS)
<input checked="" type="checkbox"/> = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region.
= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars. In Column [1], identify the type of leveraging. Some common sources of leveraged funds have been provided as a reference point. You may add Rows as necessary to report all sources of leveraged funds. Include Resident Rent payments paid by clients directly to private landlords. Do NOT include rents paid directly to a HOPWA program as this will be reported in the next section. In Column [2] report the amount of leveraged funds expended during the operating year. Use Column [3] to provide some detail about the type of leveraged contribution (e.g., case management services or clothing donations). In Column [4], check the appropriate box to indicate whether the leveraged contribution was a housing subsidy assistance or another form of support.

Note: Be sure to report on the number of households supported with these leveraged funds in Part 3, Chart 1, Column d.

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	118,985	Case management, transportation, ADAP, Health Insurance Cost sharing, Food Bank, Mental Health counseling	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Ryan White-Other	141,000	Medical case management for HOPWA clients	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Ryan White-Other	745,932	Medical case management, AIDS Drug Assistance Program, insurance cost-sharing	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Ryan White-Other	139,083	Case Management, Medical Transportation, ADAP	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants: Broadway Cares	12,500	Medications, utilities, and housing assistance	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources	5,000	Basic Needs	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-Kind Resources	1,500	U of I Walk it Out Fashion Show	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support

In-Kind Resources	2,000	Support Groups, mailings, fundraising	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Donations	6,600	Emergency Assistance	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Donations/Fundraising	82,871	Client Financial Assistance	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: RRD	18,000	Living expense assistance all clients	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	15,361		
TOTAL (Sum of all Rows)	1,288,832.00		

2. Program Income and Resident Rent Payments

In Section 2, Chart A., report the total amount of program income and resident rent payments directly generated from the use of HOPWA funds, including repayments. Include resident rent payments collected or paid directly to the HOPWA program. Do NOT include payments made directly from a client household to a private landlord.

Note: Please see report directions section for definition of program income. (Additional information on program income is available in the HOPWA Grantee Oversight Resource Guide).

A. Total Amount Program Income and Resident Rent Payment Collected During the Operating Year

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	0
2.	Resident Rent Payments made directly to HOPWA Program	0
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	0

B. Program Income and Resident Rent Payments Expended To Assist HOPWA Households

In Chart B, report on the total program income and resident rent payments (as reported above in Chart A) expended during the operating year. Use Row 1 to report Program Income and Resident Rent Payments expended on Housing Subsidy Assistance Programs (i.e., TBRA, STRMU, PHP, Master Leased Units, and Facility-Based Housing). Use Row 2 to report on the Program Income and Resident Rent Payment expended on Supportive Services and other non-direct Housing Costs.

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	0
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	0
3.	Total Program Income Expended (Sum of Rows 1 and 2)	0

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families.

Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	50	46	0	0	209,114.80	186,649.11
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	0	0	0	0	0	0
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)	0	0	0	0	0	0
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	115	106	4	3	144,575.34	145,594.50
5.	Permanent Housing Placement Services	10	18	3	2	15,733.00	21,013.42
6.	Adjustments for duplication (subtract)	22	22	0	1		
7.	Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	153	148	7	4	369,423.14	353,257.03
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	0	0	0	0
9.	Stewardship Units subject to 3 or 10 year use agreements	0	0				
10.	Total Housing Developed (Sum of Rows 8 & 9)	0	0	0	0	0	0
Supportive Services		[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	150	148			38,500.65	32,775.65
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	0	0			0	0
12.	Adjustment for duplication (subtract)	0	0				
13.	Total Supportive Services (Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	150	148			38,500.65	32,775.65
Housing Information Services		[1] Output Households				[2] Output: Funding	
14.	Housing Information Services	150	148			10,096.00	10,096.00
15.	Total Housing Information Services					10,096.00	10,096.00

Grant Administration and Other Activities		[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					0	0
17.	Technical Assistance (if approved in grant agreement)					0	0
18.	Grantee Administration (maximum 3% of total HOPWA grant)					11,870.46	11,870.46
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					26,160.08	24,329.97
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)					38,030.54	36,200.43
Total Expended						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					456,050.33	432,329.11

2. Listing of Supportive Services

Report on the households served and use of HOPWA funds for all supportive services. Do NOT report on supportive services leveraged with non-HOPWA funds.

Data check: Total unduplicated households and expenditures reported in Row 17 equal totals reported in Part 3, Chart 1, Row 13.

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	148	30,214.65
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	9	2,561.00
14.	Other Activity (if approved in grant agreement). Specify:	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	157	
16.	Adjustment for Duplication (subtract)	9	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	148	32,775.65

3. Short-Term Rent, Mortgage and Utility Assistance (STRMU) Summary

In Row a., enter the total number of households served and the amount of HOPWA funds expended on Short-Term Rent, Mortgage and Utility (STRMU) Assistance. In Row b., enter the total number of STRMU-assisted households that received assistance with mortgage costs only (no utility costs) and the amount expended assisting these households. In Row c., enter the total number of STRMU-assisted households that received assistance with both mortgage and utility costs and the amount expended assisting these households. In Row d., enter the total number of STRMU-assisted households that received assistance with rental costs only (no utility costs) and the amount expended assisting these households. In Row e., enter the total number of STRMU-assisted households that received assistance with both rental and utility costs and the amount expended assisting these households. In Row f., enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. In row g., report the amount of STRMU funds expended to support direct program costs such as program operation staff.

Data Check: The total households reported as served with STRMU in Row a., column [1] and the total amount of HOPWA funds reported as expended in Row a., column [2] equals the household and expenditure total reported for STRMU in Part 3, Chart 1, Row 4, Columns b. and f., respectively.

Data Check: The total number of households reported in Column [1], Rows b., c., d., e., and f. equal the total number of STRMU households reported in Column [1], Row a. The total amount reported as expended in Column [2], Rows b., c., d., e., f., and g. equal the total amount of STRMU expenditures reported in Column [2], Row a.

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	106	145,594.50
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	11	11,454.96
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	0	0
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	86	107,778.12
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	3	2,890.56
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	6	2,379.21
g.	Direct program delivery costs (e.g., program operations staff time)		21,091.65

End of PART 3

Part 4: Summary of Performance Outcomes

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type. In Column [2], enter the number of households that continued to access each type of housing subsidy assistance into next operating year. In Column [3], report the housing status of all households that exited the program.

Data Check: The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total reported in Column[1].

Note: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.

Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	46	34	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing		Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	11	Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		Unstable Arrangements
			8 Disconnected/Unknown	1	
			9 Death		Life Event
Permanent Supportive Housing Facilities/ Units	0	0	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing		Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing		Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		Unstable Arrangements
			8 Disconnected/Unknown		
			9 Death		Life Event

B. Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	0	0	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing		Temporarily Stable with Reduced Risk of Homelessness
			3 Private Housing		Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		Unstable Arrangements
			8 Disconnected/unknown		
			9 Death		Life Event

B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months	0
--	---

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Subsidy Assistance)

Report the total number of households that received STRMU assistance in Column [1].

In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor or subrecipient's best assessment for stability at the end of the operating year.

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

- In Row 1a., report those households that received STRMU assistance during the operating year of this report, and the prior operating year.
- In Row 1b., report those households that received STRMU assistance during the operating year of this report, and the two prior operating years.

Data Check: The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.

Data Check: The sum of Column [2] should equal the number of households reported in Column [1].

Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
106	Maintain Private Housing <u>without</u> subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	76	Stable/Permanent Housing (PH)
	Other Private Housing without subsidy (e.g. client switched housing units and is now stable, not likely to seek additional support)	2	
	Other HOPWA Housing Subsidy Assistance	5	
	Other Housing Subsidy (PH)	1	
	Institution (e.g. residential and long-term care)	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	21	Temporarily Stable, with Reduced Risk of Homelessness
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	0	
	Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	0	
	Emergency Shelter/street	0	Unstable Arrangements
	Jail/Prison	0	
	Disconnected	0	
	Death	1	Life Event
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			40
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			22

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

Line [1]: For project sponsors/subrecipients that provided HOPWA housing subsidy assistance during the operating year identify in the appropriate row the number of households that received HOPWA housing subsidy assistance (TBRA, STRMU, Facility-Based, PHP and Master Leasing) and HOPWA funded case management services. Use Row c. to adjust for duplication among the service categories and Row d. to provide an unduplicated household total.

Line [2]: For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

Note: These numbers will help you to determine which clients to report Access to Care and Support Outcomes for and will be used by HUD as a basis for analyzing the percentage of households who demonstrated or maintained connections to care and support as identified in Chart 1b. below.

Total Number of Households	
1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	170
b. Case Management	148
c. Adjustment for duplication (subtraction)	170
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	148
2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	0
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	0

1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients that provided HOPWA housing subsidy assistance as identified in Chart 1a., Row 1d. above, report the number of households that demonstrated access or maintained connections to care and support within the program year.

Column [2]: Of the households identified as receiving services from project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a., Row 2b., report the number of households that demonstrated improved access or maintained connections to care and support within the program year.

Note: For information on types and sources of income and medical insurance/assistance, refer to Charts below.

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	147		Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	148		Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	148		Access to Health Care
4. Accessed and maintained medical insurance/assistance	148		Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	124		Sources of Income

Chart 1b., Line 4: Sources of Medical Insurance and Assistance include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • MEDICAID Health Insurance Program, or use local program name • MEDICARE Health Insurance Program, or use local program name 	<ul style="list-style-type: none"> • Veterans Affairs Medical Services • AIDS Drug Assistance Program (ADAP) • State Children's Health Insurance Program (SCHIP), or use local program name 	<ul style="list-style-type: none"> • Ryan White-funded Medical or Dental Assistance
--	--	--

Chart 1b., Row 5: Sources of Income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • Earned Income • Veteran's Pension • Unemployment Insurance • Pension from Former Job • Supplemental Security Income (SSI) 	<ul style="list-style-type: none"> • Child Support • Social Security Disability Income (SSDI) • Alimony or other Spousal Support • Veteran's Disability Payment • Retirement Income from Social Security • Worker's Compensation 	<ul style="list-style-type: none"> • General Assistance (GA), or use local program name • Private Disability Insurance • Temporary Assistance for Needy Families (TANF) • Other Income Sources
---	--	--

1c. Households that Obtained Employment

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients that provided HOPWA housing subsidy assistance as identified in Chart 1a., Row 1d. above, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or related case management/counseling services.

Column [2]: Of the households identified as receiving services from project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a., Row 2b., report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or case management/counseling services.

Note: This includes jobs created by this project sponsor/subrecipients or obtained outside this agency.

Note: Do not include jobs that resulted from leveraged job training, employment assistance, education or case management/counseling services.

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	47	

End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes (optional)

1. This chart is designed to assess program results based on the information reported in Part 4 and to help Grantees determine overall program performance. Completion of this worksheet is optional.

Permanent Housing Subsidy Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6)	Temporary Housing (2)	Unstable Arrangements (1+7+8)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)				
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing Subsidy Assistance				
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)				
Total HOPWA Housing Subsidy Assistance				

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, or temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Unstable Arrangements

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

Tenant-based Rental Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as reported under: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) continue in the residences (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Other Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Tenure Assessment. A baseline of households in transitional/short-term facilities for assessment purposes, indicate the number of households whose tenure exceeded 24 months.

STRMU Assistance: Stable Housing is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain permanent housing living situation (as this is a time-limited form of housing support) as reported under housing status: Maintain Private Housing with subsidy; Other Private with Subsidy; Other HOPWA support; Other Housing Subsidy; and Institution. Temporarily Stable, with Reduced Risk of Homelessness is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/non-permanent housing arrangement and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year, as reported under housing status: Likely to maintain current housing arrangements, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements. Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

End of PART 5

PART 6: Annual Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

The Annual Certification of Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Part 7B of the CAPER if the facility was originally acquired, rehabilitated or constructed/developed in part with HOPWA funds but no HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten (10) years. If non-substantial rehabilitation funds were used they are required to operate for at least three (3) years. Stewardship begins once the facility is put into operation.

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report <i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name	Date Facility Began Operations (mm/dd/yy)

2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)		

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	
Site Information: Project Zip Code(s)	
Site Information: Congressional District(s)	
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility:	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)	Contact Phone (with area code)

End of PART 6

Part 7: Summary Overview of Grant Activities**A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)**

Note: Reporting for this section should include ONLY those individuals, beneficiaries, or households that received and/or resided in a household that received HOPWA Housing Subsidy Assistance as reported in Part 3, Chart 1, Row 7, Column b. (e.g., do not include households that received HOPWA supportive services ONLY).

Section 1. HOPWA-Eligible Individuals who Received HOPWA Housing Subsidy Assistance**a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

In Chart a., provide the total number of eligible (and unduplicated) low-income individuals living with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	148

Chart b. Prior Living Situation

In Chart b., report the prior living situations for all Eligible Individuals reported in Chart a. In Row 1, report the total number of individuals who continued to receive HOPWA housing subsidy assistance from the prior operating year into this operating year. In Rows 2 through 17, indicate the prior living arrangements for all new HOPWA housing subsidy assistance recipients during the operating year.

Data Check: The total number of eligible individuals served in Row 18 equals the total number of individuals served through housing subsidy assistance reported in Chart a. above.

Category		Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	98
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	0
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	0
4.	Transitional housing for homeless persons	0
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	0
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	0
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center	0
9.	Hospital (non-psychiatric facility)	0
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	1
12.	Rented room, apartment, or house	41
13.	House you own	3
14.	Staying or living in someone else's (family and friends) room, apartment, or house	4
15.	Hotel or motel paid for without emergency shelter voucher	1
16.	Other	0
17.	Don't Know or Refused	0
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	148

c. Homeless Individual Summary

In Chart c., indicate the number of eligible individuals reported in Chart b., Row 5 as homeless who also are homeless Veterans and/or meet the definition for Chronically Homeless (See Definition section of CAPER). The totals in Chart c. do not need to equal the total in Chart b., Row 5.

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	0	0

Section 2. Beneficiaries

In Chart a., report the total number of HOPWA eligible individuals living with HIV/AIDS who received HOPWA housing subsidy assistance (*as reported in Part 7A, Section 1, Chart a.*), and all associated members of their household who benefitted from receiving HOPWA housing subsidy assistance (resided with HOPWA eligible individuals).

Note: See definition of HOPWA Eligible Individual

Note: See definition of Transgender.

Note: See definition of Beneficiaries.

Data Check: The sum of each of the Charts b. & c. on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined in Chart a., Row 4 below.

a. Total Number of Beneficiaries Served with HOPWA Housing Subsidy Assistance

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.)	148
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	12
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	95
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	255

b. Age and Gender

In Chart b., indicate the Age and Gender of all beneficiaries as reported in Chart a. directly above. Report the Age and Gender of all HOPWA Eligible Individuals (those reported in Chart a., Row 1) using Rows 1-5 below and the Age and Gender of all other beneficiaries (those reported in Chart a., Rows 2 and 3) using Rows 6-10 below. The number of individuals reported in Row 11, Column E. equals the total number of beneficiaries reported in Part 7, Section 2, Chart a., Row 4.

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	1	0	0	0	1
2.	18 to 30 years	16	4	0	0	20
3.	31 to 50 years	49	24	1	0	74
4.	51 years and Older	37	15	1	0	53
5.	Subtotal (Sum of Rows 1-4)	103	43	2	0	148
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	28	26	0	0	54
7.	18 to 30 years	10	11	0	0	21
8.	31 to 50 years	11	10	0	0	21
9.	51 years and Older	5	6	0	0	11
10.	Subtotal (Sum of Rows 6-9)	54	53	0	0	107
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	157	96	2	0	255

c. Race and Ethnicity*

In Chart c., indicate the Race and Ethnicity of all beneficiaries receiving HOPWA Housing Subsidy Assistance as reported in Section 2, Chart a., Row 4. Report the race of all HOPWA eligible individuals in Column [A]. Report the ethnicity of all HOPWA eligible individuals in column [B]. Report the race of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the ethnicity of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [D]. The summed total of columns [A] and [C] equals the total number of beneficiaries reported above in Section 2, Chart a., Row 4.

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	3	0	0	0
2.	Asian	2	0	8	0
3.	Black/African American	48	0	49	0
4.	Native Hawaiian/Other Pacific Islander	0	0	0	0
5.	White	94	5	45	6
6.	American Indian/Alaskan Native & White	0	0	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	1	0	4	0
9.	American Indian/Alaskan Native & Black/African American	0	0	0	0
10.	Other Multi-Racial	0	0	1	0
11.	Column Totals (Sum of Rows 1-10)	148	5	107	6
Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.					

*Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)

Section 3. Households**Household Area Median Income**

Report the area median income(s) for all households served with HOPWA housing subsidy assistance.

Data Check: The total number of households served with HOPWA housing subsidy assistance should equal Part 3C, Row 7, Column b and Part 7A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).

Note: Refer to http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	75
2.	31-50% of area median income (very low)	55
3.	51-80% of area median income (low)	18
4.	Total (Sum of Rows 1-3)	148

Part 7: Summary Overview of Grant Activities**B. Facility-Based Housing Assistance**

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor or subrecipient should complete Part 6: Annual Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a., Project Site Information, and 2b., Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor/Subrecipient Agency Name (Required)

N/A

2. Capital Development**2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)**

Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a. please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor or Subrecipient

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☐ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units:

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility <u>Specify:</u>						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		